

## **CLAIM FOR DAMAGES**

NOTE: A claim relating to a cause of action for death or for injury to person or to personal property or grown crops shall be presented not later than six (6) months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented not later than one (1) year after the accrual of the cause of action. (Refer to California Government Code Section 911.2)

INSTRUCTIONS: Deliver or mail the completed claim form to City of Fresno, Risk Management, 2600 Fresno Street, Room 1030, Fresno, CA 93721-3612. Retain the pink copy for your records. Sign and date all attachments to the claim form.



OFFICIAL USE ONLY

for your records. Sign an	d date all attachments to the claim form.	
Name of Claimant (Injured or Damaged Party)		Birthdate of Claimant
Terance Frazier		12-20-1968
Home Address of Claimant	City/State/Zip Code	Home Telephone Number
Business Address of Claimant	City/State/Zip Code	Business Telephone Number
2141 Tuoloumne Street, Suite M	Fresno CA 93721	559-486-1056
Social Security Number of Claimant		CA Drivers License Number
Name of Person to whom any Notices concerning	g Claim should be sent (If different from above)	Relationship to Claimant
Address of Person to whom any Notices concern	ning Claim should be sent (If different from above)	Telephone Number
When did Injury, Damage or Loss occur? (Date a	nd Time)	Police Report Number
Approximately February 7, 2019		
	on Name, Street Address, Intersecting Streets, etc.)	
At Fresno City Hall		
How did Injury, Damage or Loss occur? (Provide City manager and/or Mayor and others Granite Park containing known errors.	prematurely and knowlingly released a falso	e and misleading audit report for
	e Injury, Damage or Loss? What are the name(s) of C	ity Employee(s) who caused the Injury,
ALUNATES DELANGED CONTROL OF THE STATE OF TH	ow GAAP standards for audits, contained kn	
information about the foundation's operations at Granite Park. City Manager Quan, Mayor Brand, and others.		
Describe the Injury, Damage or Loss claimed. (Provide full details - Attach any medical records and use separate sheets, if necessary.)  The premature release of the inaccurate audit report directly caused me loss of reputation, portrayed me in a false light,		
caused me to lose investors, and caused me to suffer direct economic and consequential damages.		
hills property damage estimates etc. I se sena	ned, including the estimated amount of any future Injury rate sheets, if necessary). If the amount claimed ex sectaim would be a limited civil case. (Refer to Californ	ceeds \$10,000.00, no dollar amount shall be
Total estimated damages meet the qua	alifications for unlimited superior court jurisd	ction
Name Address & Tolonhone Number of Witness	s(es), Doctor(s) and/or Hospital(s). (Use separate she	ets, if necessary).
Terance Frazier, TJ Cox, Chris Foxen,	Tamara Ramos and personnel at City Hall of	urrently unknown to claimant.
Signature of Claimant or Person acting on Claima	ant's behalf	Date July, 17, 2019
Ty		7019,11,2011